

TEXAS HEALTH STEPS
Abbreviated Parent Questionnaire
Risk Assessment for Lead Exposure

Guidelines

- **Target population** - This parent questionnaire is to be used only with the parent/guardian of a **child who has never had a high blood lead test result or who has never answered "yes" to any lead screening questions on the Primary Parent Questionnaire.**
- **Assessment of risk** - The questions on this parent questionnaire should be used for risk assessment of level of exposure to lead. This assessment tool can be used at the patient's **3, 4, 5, and 6 year visits.**
- **Level of risk** - The questions provided are to be asked **at a minimum.** They are intended as a means to open significant areas of inquiry and should be used in conjunction with **follow-up questions** that clarify any hesitant or unclear responses.
- **Local community** - Questions specific to situations that exist in the child's community should be added to the interview document and asked consistently of all parents/guardians being interviewed.
- **Negative responses** - If the answers to **all** questions are unqualified **negatives**, the child is considered low risk for high doses of lead exposure. However, if a child between 36 and 72 months of age has no record of a blood lead test, the child **must be tested.**
- **Positive answer(s)** - If the answer to **any** question is positive, the child is to be considered "high risk." The parent must be asked the questions on the Primary Parent Questionnaire or a blood lead test must be administered.
- **"Don't know" answers** - If the parent answers "I don't know" to any question, clarification may be given of the wording of the question or the topic. If the parent remains unsure after discussion, the response must be considered positive and Primary Parent Questionnaire must be used or the child must receive a blood lead test.
- **Obtaining questionnaires** - Please feel free to photocopy this questionnaire.

Patient's Name: _____

Date Questionnaire Administered: _____

ABBREVIATED PARENT QUESTIONNAIRE

RISK ASSESSMENT FOR LEAD EXPOSURE

You may use the Abbreviated Parent Questionnaire for lead screening:

- 1. At the patient's 3, 4, 5, and 6 year visits.**
- 2. If the patient has never had an elevated blood lead level.**
- 3. If the parent answered "no" to all questions on the primary lead screening parent questionnaire at the 6-month and 18-month visits.**

If the parent answers "yes" to any of the questions below, you must administer the Primary Parent Questionnaire or give the child a blood lead test.

1. Has your residence changed since your child's last lead screen?
YES ☐ **NO** ☐
2. Has your child changed babysitters or daycare centers since the last lead screen?
YES ☐ **NO** ☐
3. Has anyone in your home changed jobs since your child's last lead screen?
YES ☐ **NO** ☐

If yes, new job is: _____

4. Has anyone in your home been:
- re-loading bullets
- making pottery
- making stained glass
- re-finishing furniture
- working on autos
- going to a firing range
YES ☐ **NO** ☐
5. Since the last lead screen, has your child been around any home remodeling or houses that are having the paint removed?
YES ☐ **NO** ☐
6. Are you giving your child medications produced outside the United States, like Greta or Azarcon?
YES ☐ **NO** ☐